Date 24 February 2009

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Face nursuant to	Effective on 12	+ 200E (U D 4010)		Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application No	mber 10/75	10/751,723		
FEE TRANSMITTAL For FY 2009				Filing Date	Janu	January 5, 2004		
				First Named I	ventor John	John M. MONK		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nan	ne Jeffre	Jeffrey M. RUTKOWSKI		
				Art Unit	2619	2619		
TOTAL AMOUNT OF PAYMENT (\$) 30.00				Attorney Dock	et No. 1002	10021131-01		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 50-1078 Deposit Account Name. Agilent Technologies, Inc								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.50 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity								
Application	Type Fee (\$) Fee (Small Entity See (\$)	Fee (\$)	nall Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity								
Fee Description						Fee (\$)		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						52 220	26 110	
Multiple dependent claims						390	195	
Total Claims							Dependent Claims	
- 20 or HP = x =						Fee (\$		
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets								
4 OTHER EEE(P)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Appeal Brief \$30.00								
SUBMITTED BY								
ignature	/William S. Francos/ Registration No. (Attorney/Agent) 38,456 Telephone (610) 375-3513						hone (640) 275 2542	
(Attorney/Agent) 38,456 (610) 375-3513							(610) 375-3513	

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Name (Print/Type) William S. Francos